

SYPHILIS ELIMINATION

WHAT IS THE PUBLIC HEALTH ISSUE?

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis is curable if detected. However, there is an estimated 2-fold to 5-fold increased risk of acquiring HIV infection if a syphilis sore is present. Syphilis can also be transmitted from a pregnant woman to her unborn child. CDC launched the National Plan to Eliminate Syphilis in 1999. At that time the number of cases of infectious syphilis was low, and the geographical areas in which they were occurring were limited, making identification and treatment of cases feasible. Syphilis was mainly found in communities of color where poverty and access to healthcare were key factors allowing it to persist. In 1998 the infectious syphilis rate for non-Hispanic blacks was 34 times greater than the rate for non-Hispanic whites. The Syphilis Elimination program improved access to high-quality, culturally-sensitive preventive and care services, provided education about prevention of syphilis among minority communities, and strengthened outbreak response preparedness. CDC also strengthened partnerships with other public health organizations, the private medical community, and other partners in STD and HIV prevention.

WHAT HAS CDC ACCOMPLISHED?

Syphilis elimination accomplishments from 1997 to 2002 include the following:

- Infectious syphilis rates in women decreased by 59%.
- The rate of congenital cases fell by 62%.
- Overall rate of infectious syphilis fell by 20%.
- The number of counties responsible for half of all U.S. cases declined 48%, from 31 counties in 1997 to 17 counties in 2002.

Success of the Syphilis Elimination program in reducing racial disparity and rates in women has been offset by a rise in cases of infectious syphilis among men. Following a decade-long decline and an all-time low in 2000, new cases of infectious syphilis began to rise in 2001. Between 2001 and 2002, the rate of infectious syphilis increased 9.2% overall, and 26.7% among men. This increase is predominantly among a sub-group of men who have sex with men (MSM) who have increased unprotected sexual practices. Data collected from 29 states showed a 17% increase in HIV diagnoses among MSM between 1999 and 2002. These findings raise concerns about a resurgence of HIV in this population. Some MSM report a reduction in safer sex practices, partly resulting from better physical health and well-being, and belief that advances in AIDS drugs have made HIV a chronic, but not deadly disease.

Example of Program in Action

In 2002 a pilot program was implemented in eight cities with the greatest number of MSM syphilis cases. This program is working with community organizations and local health departments to increase syphilis screening, symptom recognition, and outreach efforts.

WHAT ARE THE NEXT STEPS?

CDC and its partners are stepping up efforts to address increases in MSM syphilis. This includes collecting data on behavior and other risk factors to better understand factors associated with the spread of syphilis, and developing strategies for identifying and contacting sex partners met anonymously to ensure potentially infected individuals are tested.